

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996
FILED

DOCUMENT # P- 95000092646

1 Corporation Name
World wide textile LEASING CORP.

96 DEC 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
717 PONCE DE LEON BLVD # 326 SAME
CORAL GABLES, FL. 33134

mwb

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
717 PONCE DE LEON BLVD #326
Suite, Apt. #, etc. # 326
City & State CORAL GABLES, FLORIDA
Zip 33134 Country DADE

3 New Mailing Address, If Applicable
717 PONCE DE LEON BLVD.
Suite, Apt. #, etc. # 326
City & State CORAL GABLES, FLORIDA
Zip 33134 Country DADE

4 Date Incorporated or Qualified
To Do Business in Florida 12/6/96

5 FEI Number 65-0713019
Applied For Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	FARESH MIGUEL ATALA	717 PONCE DE LEON BLVD # 326 CORAL GABLES, FL. 33134	CORAL GABLES FL. 33134

400002039234--2
-12/27/96--01054--010
****383.75 ****383.75

8. Name and Address of Current Registered Agent

DUNKLEY & ASSOCIATES
c/o LINDSAY DUNKLEY
717 PONCE DE LEON BLVD. # 326
CORAL GABLES, FL. 33134

9. Name and Address of New Registered Agent

Name DUNKLEY & ASSOCIATES
c/o LINDSAY DUNKLEY
Street Address (P.O. Box Number is Not Acceptable)
717 PONCE DE LEON BLVD. # 326
Suite, Apt. #, Etc. #326
City CORAL GABLES
State FL Zip Code 33134

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/18/96

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] FARESH MIGUEL ATALA

12/18/96

(305) 461-4460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)